## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

O S25266

APPLICAPTION

CL	AI	MS

AS FILED   ILAMBORNET   AS MATTER   AS FILED   AS FILED   AS FILED   IND.   DEP.   IND.		<u>.</u>						CLAIMS						
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